

ABSTRACT

Title

A PROSPECTIVE RANDOMISED CONTROLLED STUDY OF PRE-EMPTIVE ORAL FLUPIRTINE ON POST-OPERATIVE ANALGESIA IN PATIENTS UNDERGOING ABDOMINAL SURGERIES UNDER GENERAL ANAESTHESIA

Background and aims

Flupirtine is non-opioid, non- NSAID, centrally acting indirect NMDA receptor antagonist. Its analgesic effect is equivalent to NSAIDS and opioids with devoid of their side effects. Abdominal surgeries are the most painful surgeries amongst the surgical procedures. So we did a prospective randomised controlled study to evaluate the pre-emptive analgesic effect of flupirtine for postoperative pain relief in patients undergoing abdominal surgeries.

Materials and methods

60 patients of either sex posted for elective abdominal surgeries were included in this study. These patients were aged between 18 and 60 years with ASA physical status I and II. They were randomly divided into two groups, named group A and group B. Patients in group A received 2 oral placebo capsules and group B patients received 2 flupirtine 100mg capsules orally. Both drugs were administered two hours before the surgery. All patients underwent abdominal surgeries under general anaesthesia. In the postoperative period patients were assessed for intensity of pain using Numerical rating scale, Time to first rescue

analgesia, Ramsey sedation score and side effects in the first 24 hours postoperative period. If NRS score ≥ 4 , rescue analgesia tramadol 50mg iv was given at 4 hours interval.

Results

The mean NRS score was significantly ($p = 0.00$, $p = 0.00$) decreased in group B patients for the first 3 hours. The time to first rescue analgesia was significantly high ($p=0.00$) in flupirtine group patients. 60% of the patients in control group received rescue analgesia in the first hour of postoperative period. The mean RSS score was high in group B patients in the first 3 to 5 hours. Seven patients in flupirtine group were experienced side effects such as giddiness, nausea, vomiting and retrosternal discomfort.

Conclusion

This study concludes that pre-emptive administration of oral flupirtine 200mg provides effective analgesia in the first 2 to 3 hours of postoperative period in patients undergoing abdominal surgeries with mild to moderate sedation.

Key words

Pre-emptive analgesia, flupirtine, abdominal surgeries.